

Delmarva Sportsman's Association, Inc.

MEMBERSHIP APPLICATION

(Please **PRINT CLEARLY**. Instructions on reverse side.)

Name (printed) _____ Date _____

Address _____ Home Phone () _____

City, State & Zip Code _____

Cell Phone () _____ Spouse's Name _____

Email Address: _____

Birth Date _____ Occupation/Employer _____

Member of the National Rifle Association Yes No (circle answer)

Shooting Interests: Pistol _____ Rifle _____ Shotgun _____ Black Powder _____ Other _____

Preferred shooting activities: Personal Practice _____ Shooting Classes _____ Competition _____

Cowboy Action _____ USPSA _____ Battle Rifle _____ Silhouette _____ Other _____

I can do my volunteer work hours (10 per year) in the following areas:

Regular maintenance/clean-up _____ Major repairs/construction _____

Organizing: Shooting Competition _____ Social Activities _____

Shooting Instruction _____ (my qualifications are: _____)

Other: _____

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I hereby apply for Membership in the DELMARVA SPORTSMAN'S ASSOCIATION, INC, and offer the following pledge:

"I certify that I am a citizen of the United States of America and that I am not a member of any organization or group which has as any part of its program to overthrow the government of the United States or any of its political subdivisions by force or violence; that I have never been convicted of a crime of violence, and if admitted to Membership, I will faithfully endeavor to fulfill the obligations of good sportsmanship and good citizenship."

Signature _____

Note: A Safety/Shooting meeting time may be arranged by contacting the Chief Instructor, Bob Weissenfluh, at Robert.fxdxt@comcast.net

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(DSA use only)

Safety/Shooting meeting date: _____ Payment: Cash \$ _____ Check \$ _____
Month Day Time Check # _____

Conducted by: _____ Approved: Yes No
(Circle one)